



**MEN'S CLINIC**  
FOR WELLNESS & VITALITY

# **The Men's Clinic for Wellness and Vitality PLLC**

Tucson, AZ

## **HIPAA Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Men's Clinic for Wellness and Vitality PLLC (the "Practice") is dedicated to maintaining the privacy of your personal health information. Each time a patient visits this office, a record is made that describes the treatments and services provided. Federal law outlines specific privacy protections and individual rights related to the information we maintain that identifies you as a patient. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by the Practice and others outside the Practice that are involved in your care and treatment for the purpose of providing health care services to you such as to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

### **Treatment**

We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a physician to whom you have been referred or seek counsel from, to ensure that physician has the necessary information to diagnose or treat you. You will be asked personal and medical history questions by medical personnel to ensure safe and appropriate care. Obtaining approval or scheduling procedures may require that your relevant protected health information be disclosed to a medical facility.

### **Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services.

### **Healthcare Operations**

We may use or disclose, as needed, your protected health information to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, medical studies, and conducting or arranging for other business activities. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment or inform you of test results. We may contact you by telephone, E-mail, or other forms of delivery services, as the Practice deems necessary.

**We may use or disclose your protected health information in the following situations without your authorization.** These situations include:

- As required by law
- Public health issues as required by law
- Communicable diseases
- Health oversight
- Abuse or neglect
- Food and Drug Administration requirements
- Legal proceedings
- Law enforcement
- Medical examiners, coroners, funeral directors
- For the facilitation of organ, eye, or tissue donation if you are an organ donor
- For research purposes under strictly limited circumstances
- Criminal activity
- Military activity and national security
- Workers' compensation
- Required uses and disclosures
- Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 64-500.

#### **Other Permitted and Required Uses and Disclosures**

Will be made only with your consent, authorization or opportunity to object unless required by law.

#### **Your Rights Regarding Your Health Information**

You have the right to inspect and copy your protected health information. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. You must submit your request for medical records in writing to your doctor. Individuals may be billed at our actual costs of accommodating such requests.

- **Restrictions on Use and Disclosure:** You have the right to request restrictions on how we use and disclose your health information. This includes requests to restrict disclosure of your health information to only certain individuals, or entities, involved in your care such as family members. We are not required to agree with your request. If we agree, we are bound to the agreement unless disclosure is otherwise required or authorized by law.
- **Confidential Communications:** You have the right to request that we communicate with you in a particular manner or at a certain location. For example, you may request that we only contact you at home. We will accommodate reasonable requests.
- **Access:** You have the right to inspect or request a copy of records used to make decisions about your health care, including your medical chart and billing records. This office will schedule appointments for record inspection. We may charge a fee for providing you copies of your records. Under special circumstances, we may deny your request to inspect and/or copy your records. You may request a review of this denial.
- **Record Amendment:** You have the right to request amendments to your health records created by and for this Practice if you feel they are incorrect or incomplete. We may accept or deny your request. If we deny your request, you have the right to provide a statement of disagreement or rebuttal statement.

- **Accounting of Disclosures:** You have the right to receive an accounting of the disclosures. This means you may request a list of certain disclosures Practice has made of your records. Upon your request, we will provide this information to you one time free during each twelve (12) month period. There may be a fee for additional copies.
- **Copy of Notice:** You have the right to request that we provide you with a paper copy of this notice of Privacy Practices.

If you feel your privacy rights have been violated, you have the right to file a written complaint with our office. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

We reserve the right to change the terms of this notice. You then have the right to object or withdraw as provided in this notice. You may revoke this authorization, at any time, in writing, except to the extent that the Practice has taken an action in reliance on the use or disclosure indicated in the authorization. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. You may ask our office for a copy of this Notice at any time. If you have any objections to this form, please contact us via phone or email.